

PATENT
Atty. Docket No. MUR-003
(7593/4)

#361
H
N.E.
COMPLETE
listing of
claims

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Farrar et al.

SERIAL NUMBER: 09/155,708 GROUP NUMBER: 1635

FILING DATE: April 5, 1999 EXAMINER: Janet L. Epps-Ford

TITLE: *Genetic Suppression and Replacement*

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

SUPPLEMENTAL AMENDMENT AND RESPONSE

This paper is supplemental to the Amendment and Response filed on June 27, 2003. Applicants believe that fees are due. However, in the event that fees are due, the Commissioner is hereby authorized to charge any such fee to Attorney's Deposit Account No. 20-0531.

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.

The Conclusion begins on page 9 of this paper.

Amendments To The Claims:

This listing of claims will replace all prior versions, and listings, of claims in the application:

09/17/03 WED 14:45 FAX

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TELECOPY COVER SHEET

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Date: September 17, 2003

TO: **Name:** Examiner Epps-Ford
Company: U.S. Patent and Trademark Office
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FROM: **Sender:** Diana M. Steel
Number of Pages INCLUDING This Cover Sheet: 12
Attorney Docket No. : MUR-003 (9717/4)
U.S.S.N.: 09/155,708

Comments:

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FILING DATE: April 5, 1999 EXAMINER: Epps, Janet L.
TITLE: GENETIC SUPPRESSION AND REPLACEMENT

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence, and any documents referred to as attached hereto, are being transmitted to Examiner Epps-Ford, Facsimile No. (703) 746-5143, on this 17th day of September, 2003.

September 17, 2003
Date of Signature

Brenda T. Kowalczyk
Brenda T. Kowalczyk

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:


Submitted herewith is/are:

Telecopy Cover Sheet (1 pg.); Transmittal Form (1 pg.); Supplemental Amendment and Response (9 pgs.); and this Certificate of Facsimile Transmission.

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<h2 style="margin: 0;">TRANSMITTAL FORM</h2>	Application Serial Number	09/155,708
	Filing Date	April 5, 1999
	First Named Inventor	Farrar
	Group Art Unit	1635
	Examiner Name	Epps, Janet L.
	Attorney Docket No.	MUR-003
	BATCH NO. (after allowance)	Not applicable
	Patent No.	Not applicable
	Issue Date	Not applicable

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Supplemental Amendment and Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)

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